

II.—A CASE OF ACQUIRED SYPHILIS WITH  
INTERSTITIAL KERATITIS

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INTERSTITIAL keratitis is a rare occurrence in acquired syphilis, and but few cases are recorded. De Schweinitz<sup>1</sup> states that the keratitis of acquired syphilis is usually a late secondary or tertiary manifestation, and that it is apt to be unilateral, and that the onset is more rapid and it is more amenable to treatment than the keratitis of congenital syphilis. Schweinitz cites Stephenson as finding 2 to 10 per cent. of interstitial keratitis in syphilis of the acquired type.

It is a well-recognised fact that syphilis tends to attack a previously damaged tissue, and in the case recorded below it is to be noted that there was previous disease of the affected eye.

*Case History.*—Male, age twenty-four years, of swarthy complexion and delicate appearance, attended the Out-Patient Department of the London Lock Hospital and complained of sore throat. There was a history of a painless penile sore four months previously. Typical syphilitic mucous patches were present on cheeks, lips and tonsils; there were several areas of leukoderma around neck and upper part of chest; generalised adenitis was present. The diagnosis of secondary syphilis was made, and treatment instituted at once; the following week the blood Wassermann was returned positive (++) . Whilst an out-patient he was given three injections of N.A.B. (0.45 gm., 0.45 gm., 0.6 gm.) and five days later he developed an acute inflammation of the left eye and was admitted to hospital. Mr. Lindsay Rea examined his eye at the Western Ophthalmic Hospital and reported that interstitial keratitis was present, and that seven years ago he had attended the same hospital with an herpetic eruption of the left cornea. Two more injections of N.A.B. (each 0.6 gm.) were given, potassium iodide was administered internally, and a local application was given of Ung. atropin 1 per cent. b.d. and lotio acid boric eyewash. The condition then subsided and the patient was able to leave hospital, since when he has had no relapse.

## CLINICAL CASES

There were no evidences nor stigmata of congenital syphilis and no history of syphilis in the family. For these reasons, and because of the definite history of a penile lesion and the presence of secondary manifestations, we feel justified in regarding the interstitial keratitis as a symptom of acquired rather than congenital syphilis.

I wish to express my thanks to Mr. J. Johnston Abraham, of the Lock Hospital, for permission to record these notes of one of his cases.

### REFERENCE

- (1) G. E. DE SCHWEINITZ. "Diseases of the Eye," London, 1924.
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### III.—A CASE OF MALIGNANT SYPHILIS

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CASES of syphilis which are malignant in nature and fail to react to antispecific treatment are rare. At the Lock Hospital they only occur about once a year. Generally, these fatal cases of syphilis are complicated by phagedæna, and our therapeutic efforts have not yet arrived at any certain cure.

*Case History.*—Male, aged thirty-one, married, no children, not living with wife, who had deserted him, was admitted into the London Lock Hospital, under Mr. Abraham, on April 26th, 1929, and died June 18th, 1929.

*Previous History.*—He contracted gonorrhœa in 1918 whilst in the Army, and developed a bubo; there is no history of chancre.

*Present History.*—Six months ago a swelling appeared on the soft palate, which later became ulcerated. He went to his doctor three months ago, and was found to have a positive Wassermann reaction; he was treated with six injections of 0.6 gm. N.A.B. and two intramuscular injections of bismuth. This treatment aggravated the ulceration, so the patient was sent to hospital and was admitted at once. When he was first seen he had a large sloughing spreading phagedænic ulcer of the soft palate